BOPUK 531.01 * INMATE HISTORY * 09-08-2006 PAGE 001 * WRK DETAIL * 07:44:54

REG NO.: 17110-016 NAME...: HILL, KENNY CATEGORY: WRK FUNCTION: PRT

FORMAT:

	GORI. WIRK	FONCTION. FRI	POWERT.
FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME STOP DATE/TIME
PET PET	ORD CAR H VACATION	ORD CAR H ALL VACATIONS	04-17-2006 0001 CURRENT 04-11-2006 0001 04-17-2006 0001
PET	ORD CAR H	ORD CAR H	01-18-2005 0001 04-11-2006 0001
PET	ORD EDUC	EDUCATION ORDERLY	09-29-2004 0001 01-18-2005 0001
PET	UNASSG	UNASSIGNED WORK DETAIL	09-27-2004 1552 09-29-2004 0001
PET	A/O	NEEDS A/O PROCESSING	08-27-2004 1239 09-27-2004 1552
PEM	UNASSG	UNASSG	08-25-2004 1447 08-27-2004 1216
PHL	UNASSG	UNASSG	08-23-2004 1658 08-25-2004 0650
LEW	UNASSG	UNASSIGNED WORK DETAIL	08-20-2004 1429 08-23-2004 0927
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	04-17-2004 0001 08-20-2004 1045
MCK	VACATION	VACATION	04-16-2004 0001 04-17-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-25-2004 0001 04-16-2004 0001
MCK	VACATION	VACATION	03-24-2004 0001 03-25-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-13-2004 0001 03-24-2004 0001
MCK	VACATION	VACATION	03-12-2004 0001 03-13-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-14-2004 0001 03-12-2004 0001
MCK	VACATION	VACATION	02-13-2004 0001 02-14-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	01-21-2004 0001 02-13-2004 0001
MCK	VACATION	VACATION	01-20-2004 0001 01-21-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	11-29-2003 0001 01-20-2004 0001
MCK	VACATION	VACATION	11-26-2003 0001 11-29-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	10-24-2003 0001 11-26-2003 0001
MCK	VACATION	VACATION	10-23-2003 0001 10-24-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	09-16-2003 0001 10-23-2003 0001
MCK	VACATION	VACATION	09-15-2003 0001 09-16-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-19-2003 0001 09-15-2003 0001
MCK	VACATION	VACATION	07-17-2003 0001 07-19-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	04-17-2003 0001 07-17-2003 0001
MCK	VACATION	VACATION	04-14-2003 0001 04-17-2003 0001

MCK	I LAYUP 2	3:00 PM TO 11:00	PM	12-21-2002	0001	04-14-2003	0001
MCK	VACATION	VACATION		12-20-2002	0001	12-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00	PM	10-12-2002	0001	12-20-2002	0001
MCK	VACATION	VACATION		10-10-2002	0001	10-12-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00	PM	08-19-2002	0001	10-10-2002	0001
MCK	UNASSG	UNASSIGNED		08-15-2002	1125	08-19-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED		08-12-2002	1657	08-15-2002	1125
MCK	I LAYUP 2	3:00 PM TO 11:00	P M	06-21-2002	0001	08-12-2002	1657
MCK	VACATION	VACATION		06-17-2002	0001	06-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00	P M	05-08-2002	0001	06-17-2002	0001
MCK	UNASSG	UNASSIGNED		04-29-2002	0754	05-08-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED		04-07-2002	1917	04-29-2002	0754

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 531.01 * INMATE HISTORY * 09-08-2006 PAGE 002 OF 002 * WRK DETAIL * 07:44:54

REG NO..: 17110-016 NAME....: HILL, KENNY

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-16-2002 0001	04-07-2002 1917
MCK	VACATION	VACATION	02-14-2002 0001	02-16-2002 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	08-25-2001 0001	02-14-2002 0001
MCK	VACATION	VACATION	08-24-2001 0001	08-25-2001 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-05-2001 0001	08-24-2001 0001
MCK	I PACK 1	PACKING 1	06-19-2001 0001	07-05-2001 0001
MCK	ORD B A	ORDERLY BA	04-12-2001 0001	06-19-2001 0001
MCK	UNASSG	UNASSIGNED	04-11-2001 0001	04-12-2001 0001

SAYOP 2

Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2	? Both = 3
	tems 3, 4-6, 13-21, 24, and 26 Status, Complete Items 4 - 21, and 26 nent, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Ite Enter 3 For Completion, Complete Ite Enter 4 For Withdrawal, Complete Ite	iems 4 - 6, 19
4. Register Number 5. Resident Name (Last, Fir	st, Middle) 6. Institution Code
Action Recommended	
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 · 4 Code Plan Code	12. Position Title
0 1 2 4 MCPP 1 769687054	
1 = Hourly 2 = G.P.W. X = Appre	ntice
To: 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code	18. Position Title
19. Effective Date Month, Day, Year	21. Check One: AM PM
0 8 - 2 0 - 0 4 0 7 1 0	<u> </u>
22. Reason For Termination Of Employment Or Withdrawal	
1 = Released 2 = Transferred 3 = Program Change	4 = Inmate Request Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination)	n is for release (MR or parole)
- - 24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	
Recommended By	Foreman Date:
Approved By	Plant Superintendent Date:
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	_ Timekeeper Date:
Revised Form 96	Green

Distribution:

White------ Business office Canary----- Terminal operator

Pink------ Placement

FPI Form 96 (9/98)

Entered On Payroll Records _

FACTORY RULES AND REGULATIONS

7		
1/- 12		
NAME Comes Stell	UNIT 8A-235-L LOCKER#	Сыт#
· · · · · · · · · · · · · · · · · · ·		

- INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY 1. RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPER-VISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- 10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17 INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Signature:

Register No: 17110-016 Date: 6-19-01

FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - MCKEAN

P.O. BOX 8000

Phone #(814) 362-8900 Fax #(814) 362-4151 MEMORANDUM

نوا

DATE: September 30, 1999

REPLY TO:

ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses, These safety glasses may e kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost, Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

Ι	re	2C	eived	one	(1)	pair	of	safety	glasses	on	6/19/01	
ar.	ıd	Ι	agree	e to	the	above	e c	ondition	ns.			1

Signature: Lever Hell	
Name: JENN HILL	
Reg. Number: /7//0-0/6	

Date

Production Worker's Training Record

(CHECKLIST) for

Inmate Name Leny Hill	Reg. Number	17110-016
I have had a department orientation by my department supervise	or.	
2.y I have read and understand the Factory Rules and Safety Regula	ations.	
(1 3.) I have read and understand the department procedures for my as	ssigned area.	
(1) I have participated in the 3 credit hrs., Industrial Familiarization		
5.) I have had on the job training with an experienced production w		
日 6.) I have read and understand my Job Description.		
7.) I have been instructed on the MSDS center in the Unicor Factor	y.	
8.) I have familiarized myself with ISO-9001-2000 standards, Unio and the role I play in the system.		M.S.,
Inmate Signature & (Reg. Number	6	-23-03 Date
My B	4	123/03
Woodworking Supervisor Signature		Deste

TITLE:	TRAINING RECORD	CON	TROL NO.	1403	DATE	6/11/03
Production -	UNICOR MCKEAN					0/11/03
	THE POST OF THE PO	REV:	Original	Issue	SHEET	1 OF 1

UNICOR McKean Federal Prison Industries, Inc. **Federal Correctional Institution** McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: <u>Kenny Hill</u>		Register Number	:17110-016
Institution Code: 23			MCFT
Job Description: Woodwork Shop	hand	Department	: Packing
Duties: Responsible for stacking, cushi	ioning and wranning	r product Secures la	ad with stool strapping
Responsible for visually inspecting all n			
duties as assigned in UNICOR.			
I have instructed inmate <u>Ke</u>	enny Hill	Reg. No. 1	7110-016
in the proper procedures in wh	nich to implemer	nt his assigned	work detail, which
includes standard maintenance,	safety procedu	ares, and routin	ne us¢.
. / /			
	**************************************		7/17/6/
Foreman			Date
			• •
I have received proper instruc	tion on how to	implement my jo	bb assignment. If I
nave any problem with implemen	ting my assigne	ed job, I am ins	structed to contact
ny foreman immediately.			
1/ 1/2/1			
Jenny Hill	17/10-	0/6	7-17-01
Signature of Inmate	Registe	er Number	Date

MCK2G 531.01 * INMATE HISTORY * 08-30-2006 PAGE 001 * WRK DETAIL * 14:59:09

REG NO.:: 17110-016 NAME...: HILL, KENNY

FCL	ASST CNMEN T	DESCRIPTION	START DATE/	TIME	STOP DATE	TIME
PET	ORD CAR H	ORD CAR H	04-17-2006		•	TIME
PET	VACATION	ALL VACATIONS			04-17-2006	0001
PET	ORD CAR H	ORD CAR H			04-11-2006	
PET	ORD EDUC	EDUCATION ORDERLY			01-18-2005	
PET	UNASSG	UNASSIGNED WORK DETAIL	09-27-2004			
PET	A/O	NEEDS A/O PROCESSING			09-27-2004	
PEM	UNASSG	UNASSG			08-27-2004	
PHL	UNASSG	UNASSG	08-23-2004	1658	08-25-2004	0650
LEW	UNASSG	UNASSIGNED WORK DETAIL	08-20-2004	1429	08-23-2004	0927
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	04-17-2004	0001	08-20-2004	1045
MCK	VACATION	VACATION	04-16-2004	0001	04-17-2004	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-25-2004	0001	04-16-2004	0001
MCK	VACATION	VACATION	03-24-2004	0001	03-25-2004	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-13-2004	0001	03-24-2004	0001
MCK	VACATION	VACATION	03-12-2004	0001	03-13-2004	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-14-2004	0001	03-12-2004	0001
MCK	VACATION	VACATION	02-13-2004	0001	02-14-2004	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	01-21-2004	0001	02-13-2004	0001
MCK	VACATION	VACATION	01-20-2004	0001	01-21-2004	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	11-29-2003	0001	01-20-2004	0001
MCK	VACATION	VACATION	11-26-2003	0001	11-29-2003	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	10-24-2003	0001	11-26-2003	0001
MCK	VACATION	VACATION	10-23-2003	0001	10-24-2003	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	09-16-2003	0001	10-23-2003	0001
MCK	VACATION	VACATION	09-15-2003	0001	09-16-2003	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-19-2003	0001	09-15-2003	0001
MCK	VACATION	VACATION	07-17-2003	0001	07-19-2003	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM			07-17-2003	
MCK	VACATION	VACATION	04-14-2003	0001	04-17-2003	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM			04-14-2003	
MCK	VACATION	VACATION			12-21-2002	
MCK	I LAYUP 2	3:00 PM TO 11:00 PM			12-20-2002	
MCK	VACATION	VACATION			10-12-2002	
MCK	I LAYUP 2	3:00 PM TO 11:00 PM			10-10-2002	
MCK	UNASSG	UNASSIGNED			08-19-2002	
MCK		SHU UNASSIGNED			08-15-2002	
MCK	I LAYUP 2	3:00 PM TO 11:00 PM			08-12-2002	
MCK	VACATION	VACATION			06-21-2002	
MCK	I LAYUP 2	3:00 PM TO 11:00 PM			06-17-2002	
MCK	UNASSG	UNASSIGNED			05-08-2002	
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002	1917	04-29-2002	0754

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 * INMATE HISTORY * 08-30-2006 PAGE 002 OF 002 * WRK DETAIL * 14:59:09

REG NO.:: 17110-016 NAME...: HILL, KENNY

FCL	ASSIGNMENT	DESCRIPTION	START DATE/	TIME	STOP DATE	TIME
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-16-2002	0001	04-07-2002	1917
MCK	VACATION	VACATION	02-14-2002	0001	02-16-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	08-25-2001	0001	02-14-2002	0001
MCK	VACATION	VACATION	08-24-2001	0001	08-25-2001	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-05-2001	0001	08-24-2001	0001
MCK	I PACK 1	PACKING 1	06-19-2001	0001	07-05-2001	0001
MCK	ORD B A	ORDERLY BA	04-12-2001	0001	06-19-2001	0001
MCK	UNASSG	UNASSIGNED	04-11-2001	0001	04-12-2001	0001
MCK	A&O	ADMISSION & ORIENTATION	04-06-2001	0845	04-11-2001	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	04-02-2001	1905	04-06-2001	0603
OKL	UNASSG	UNASSIGNED HOLDOVER	03-28-2001	1715	04-02-2001	0810
THA	IND FIN PM	INDUSTRIES FINISH P.M.	11-06-2000	0001	03-28-2001	0800
THA	IND FINISH	INDUSTRIES FINISH	09-22-2000	0001	11-06-2000	0001
THA	ORD C	ORD	08-04-2000	0001	09-22-2000	0001
THA	UNASSG	UNASSIGNED WORK DETAIL	07-06-2000	1000	08-04-2000	0001
OKL	UNASSG	UNASSIGNED HOLDOVER	07-03-2000	1640	07-06-2000	0710

MCK	UNASSG	UNASSIGNED	08-15-2002	1125	08-19-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	08-12-2002	1657	08-15-2002	1125
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	06-21-2002	0001	08-12-2002	1657
MCK	VACATION	VACATION	06-17-2002	0001	06-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	05-08-2002	0001	06-17-2002	0001
MCK	UNASSG	UNASSIGNED	04-29-2002	0754	05-08-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002	1917	04-29-2002	0754

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 * INMATE HISTORY * 08-30-2006 PAGE 002 OF 002 * WRK DETAIL * 14:59:54

REG NO..: 17110-016 NAME....: HILL, KENNY

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	E STOP DATE/TIME
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-16-2002 0003	04-07-2002 1917
MCK	VACATION	VACATION	02-14-2002 0001	02-16-2002 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	08-25-2001 0001	02-14-2002 0001
MCK	VACATION	VACATION	08-24-2001 0001	. 08-25-2001 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-05-2001 0001	. 08-24-2001 0001
MCK	I PACK 1	PACKING 1	06-19-2001 0001	07-05-2001 0001
MCK	ORD B A	ORDERLY BA	04-12-2001 0001	06-19-2001 0001
MCK	UNASSG	UNASSIGNED	04-11-2001 0001	04-12-2001 0001
MCK	A&O	ADMISSION & ORIENTATION	04-06-2001 0845	04-11-2001 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	04-02-2001 1905	04-06-2001 0603
OKL	UNASSG	UNASSIGNED HOLDOVER	03-28-2001 1715	04-02-2001 0810
THA	IND FIN PM	INDUSTRIES FINISH P.M.	11-06-2000 0001	03-28-2001 0800
THA	IND FINISH	INDUSTRIES FINISH	09-22-2000 0001	. 11-06-2000 0001
THA	ORD C	ORD	08-04-2000 0001	09-22-2000 0001
THA	UNASSG	UNASSIGNED WORK DETAIL	07-06-2000 1000	08-04-2000 0001
OKL	UNASSG	UNASSIGNED HOLDOVER	07-03-2000 1640	07-06-2000 0710

Case 1:03-cv-00355-SJM-SPB Document 70-23 Filed 02/02/2007 Page 12 of 42

G0000 TRANSACTION SUCCESSFULLY COMPLETED



UNITED STATES GOVERNMENT **memorandum**

FEDERAL BUREAU OF PRISONS UNICOR FEDERAL PRISON INDUSTRIES Federal Correctional Institution, McKean Bradford, Pennsylvania

September 1, 2006

MEMORANDUM FOR DOUG GOLDRING, ASSISTANT GENERAL COUNSEL, FPI

FROM:

Tim Holohan, System Accountant

SUBJECT:

FPI Form 96

The original (attached) Form 96 dated August 20, 2004 for Inmate Hill, Kenny, reg. no. 17110-016 was a carbon form and is not legible. We are attaching a hand written replication of the Form 96 which can be easily read.

Please advise us if you would like us to proceed differently.



Industrial Employment/IPRS Action Report

			- · · · · · · · · · · · · · · · · · · ·
1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 B	oth = 3	
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Iter Enter 2 For Change In Employment Sta Enter 3 For Termination Of Employmen	itus, Complete Items 4 - 21, and	
3. If IPRS Action	Enter 2 For Enrollment, Complete Item Enter 3 For Completion, Complete Item Enter 4 For Withdrawal, Complete Item	ns 4 - 6, 19	
4. Register Number	5. Resident Name (Last, First,	Middle)	6. Institution Code
Action Recommended From: 7. Job 8. Grade 9. Industry 1 Number 1 - 4 Code	0. Wage 11. Dot Plan Code	12. Position Title	
To: 13. Job 14. Grade 15. Industry 1	1 = Hourly 2 = G.P.W. 3 = P.W. $X = Apprentic$	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Number 1 - 4 Code	6. Wage 17. Dot Code	18. Position Title L	AM PM
22. Reason For Termination O 1 = Released 2 = Tra 5 = Program Discontinued	insferred 3 = Program Change	i = Inmate Request titutional Needs	
23. Continuation of Longevity 1 = yes 0 = no 2 = no	Status (For use only when termination is	s for release (MR or parole).	
24. Date (Of Enrollment Month, Day, Year		
25. Total Inma	te Hours Involved		
26. Signatures : Recommended By		Foreman	Date:
Approved By		Plant Superintendent	Date:
Approved By		Ass't Supt. Or Business Mgr.	Date:
Entered On Payroll Record	S	Timekeeper	Date:
Revised Form 96			2011年1月1日 · 1912年 - 1

Distribution:

UNICOR Federal Prison Industries, Inc.	Industrial Em	ployment/IPRS A	ction Report
1. Type of Report:	UNICOR Action = 1 IPRS Action	on = 2 Both = 3	
2. If UNICOR Action	Enter 2 For Change In Employ	plete Items 3, 4-6, 13-21, 24, and 26 ment Status, Complete Items 4-21, and ployment, Complete Items 3, 4-12, 19-	
3. If IPRS Action	Enter 2 For Enrollment, Compl Enter 3 For Completion, Comp Enter 4 For Withdrawal, Comp	lete Items 4-6, 19	
4. Register Number	5. Resident Name (Last, First, Middle)	6. Institution Code
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot Plan Code	12. Position Title	
01/12 4 MICHT	$ \begin{array}{c c} 1 & \text{Hourly} \\ 2 = G.P.W. \\ 3 = P.W. \end{array} $	10 5 4 MO 0 0 MR /4 K = Apprentice	1 SHOPHAWO
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Plan Code	18. Position Title	
	D. Time of Action	21. Check One:	AM PM
Month, Day, Year 0 8 - 2 0 - 0 4	017/10		M L
.)	•	e 4 = Inmate Request	
23. Continuation of Longe 1 = yes 0 = no 2 = no	•	nation is for release (MR or parole).	
24.	Date Of Enrollment Month, Day, `	Year	
25. Total In	mate Hours Involved		
26. Signatures:			
Recommended By		Foreman	Date:
Approved By		Plant Superintendent	Date:
Approved By		_ Ass't Supt. Or Business Mgr.	Date:
Entered On Payroll Reco	ds	_ Timekeeper	Date:

PACKING Case 1:03-cv-00355-S.	JM-SPB Document 70-23	Filed 02/02/2007	Page 16 of 42
UNICOR Federal Prison Industries, Inc.	Industrial Employ	ment/IPRS A	ction Report
3 1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Bot	h = 3	,
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Item Enter 2 For Change In Employment Stat Enter 3 For Termination Of Employment	us, Complete Items 4-21, and	
	Enter 2 For Enrollment, Complete Items Enter 3 For Completion, Complete Items Enter 4 For Withdrawal, Complete Items	s 4-6, 19	
4. Register Number	5. Resident Name (Last, First	, Middle)	6. Institution Code
1 7 1 1 0 - 0 1 6 H	ILL, KERKX		2 3 1
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot Plan Code	12. Position Title	
0 1 2 4 M C F T	1 = Hourly 2 = G.P.W. 3 = P.W.		HOPHAND
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Code	18. Position Title	
19. Effective Date 20. Month, Day, Year	Time of Action	21. Check One:	AM PM
0 6 - 1 9 - 0 1	0 7 1 0		x
1 = Released 2 = Trans	n Of Employment Or Withdrawal sferred 3 = Program Change 4 = Ir d 6 = Control Purposes 7 = Institutio	nmate Request nal Needs	*
23. Continuation of Longevi 1 = yes 0 = no 2 = no		r release (MR or parole).	
	ate Of Enrollment Month, Day, Year		
25. Total Inma	ate Hours Involved		
26. Signatures: Recommended By Approved By	Foreman Foreman Sul	perintendenț	Date: 4/5//0/
Approved By	Ass't Sup	ot. Or Business Mgr.	Date: 6/27/0/

FPI Form 96 (9/98)

Entered On Payroll Records

___ Timekeeper

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Federal Correctional Institution Ray Brook, NY 12977

Federal Prison Industries, Inc.

LAYURIC		. 7	-	- 3-23-04	SH
DEPARTMENT NAME:	HTLL LAST	FIRST	<u>/</u>	DATE /7//0 - 0/6 REGISTRATION NUMBER	11109
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*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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Filed 02/02/2000.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Federal Correctional Institution Ray Brook, NY 12977

LATUA!	\mathcal{I}		3-8-04 LUA
DEPARTMENT			DATE
	HILL	(END)	DATE 18:24 REGISTRATION NUMBER
NAME:	LAST	FIRST	REGISTRATION NUMBER
I REQUEST VACATI	ion from $3-\alpha$	24 TO 3-25 1-2	A,
*I REQUEST TO WO	RK MY VACATION RSARY DATE).	N AND RECEIVE PAY IN LIEU	OF TAKING THE DAYS OFF
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APPROVED BY:		σ.	APPROVED BY:
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WORK SUPERVISOR			DEPARTMENT HEAD
			
BUSINESS OFFICE:			1/10
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		VACATION. VACATION CRED	IT IS PRESENTLY BEING EARNED
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TIMEKEEPER		ACCOUNTANT	SUPERINTENDENT
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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LAY UP 2	REQUEST FOR INMATE VACATION	Federal Correctional Institutio Ray Brook, NY 12977
DEPARTMENT		2-19-04 Z 2
NAME: LAST	FIRST RE	12/10-016 GISTRATION NUMBER
I REQUEST VACATION FROM_	3-12 TO 3-13 1-DAU	3
	CAȚION AND RECEIVE PAY IN LIEU OF TAKING	THE DAYS OFF
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WORK SUPERVISOR	DEPARTM	ENT HEAD
BUSINESS OFFICE:		<u> </u>
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UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF
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*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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Layup	2	REQUEST FOR INMATE	VACATION	Federal Correctional Institution Ray Brook, NY 12977
DEPARTMENT			1-22-U DATE	2/2
	HILL	SEND!	#17110-	11',09 016
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*I REQUEST TO WOOM (MUST BE ANNIVE) LETTER SIGNATURE SI	RSARY DATE).	ND RECEIVE PAY IN LIEU	OF TAKING THE DAY	'S OFF
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BUSINESS OFFICE:		/	141	
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TIMEKEEPER		ACCOUNTANT		ERINTENDENT
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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UNICO	3
Federal Prison	Industries, Inc.

	REQUEST FOR INMATE V	VACATION R	ay Brook, NY 12977
1ATMPTE		1-9-04	ay Brook, NY 12977
DEPARTMENT	n	DATE	- gh
472	(TWA)	17110-0	25:24
NAME: LAST	FIRST	REGISTRATION	NUMBER
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*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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UNICOR
Federal Prison Industries, Inc.

Ay up - 2		REQUEST FOR INMATE	VACATION	Federal Correc Ray Brook, NY	etional Institutio
DEPARTMENT		<i>)</i>	<u>//</u>	S/OF DATE	1/8
NAME:	LAST	FIRST	PECIE	7//0-016	-
NAME:	LASI	riksi	REGIS	TRATION NUMBER	
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WORK SUPERVISOR			DEPARTMENT	HEAD	
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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Lay-op	ot valid	REQUEST FOR INMATE V	ACATION	Federal Prison Industries, Inc. Federal Correctional Institution Ray Brook, NY 12977
DEPARTMENT			11-7-0 DATE	3 (2-12445)
NAME:	LAST	FIRST	REGISTRATI	0-0/6 ON NUMBER 25/29
I REQUEST VACATION	n from <u>//-26 -</u>	70/1-28 2 DA	1 5	
*I REQUEST TO WORK (MUST BE ANNIVERS INMATES, SIGNATURE	SARY DATE).	ND RECEIVE PAY IN LIEU C	OF TAKING THE DAY	S OFF
APPROVED BY: WORK SUPERVISOR			APPROVED BY: DEPARTMENT HEA	Lu .
BUSINESS OFFICE: THE ABOVE NAMED I HAS ACCUMULATED; AT 7 15 645 PER (1/2) 1	25:24 DAY(S) VAC	EMPLOYED IN INDUSTRIES ATION. VACATION CREDIT	S SINCE 6/19 TO SINCE 15 PRESENTLY BEIN	ĝ∽/, AND NG EARNED
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F.P.I. Form 39 Business Office (White) • Timekeeper (Yellow) • Unit (Green) • Factory (Pink) • Inmate (Golden Rod)

Document 70-23

Filed 02/02/2007

Page 24 of 42

From:

Tim Holohan

To:

Mincemoyer, Chris 10/22/03 10:20AM

Date:

Subject:

Award Day

Chris,

Can you accept this as granting an on the spot award day fro Kenny Hill (2nd shift)?

He suggested a safety issue to us on the lay-up line regarding placing non-skid material on either side of the elevated platform.

I told Hill he could use this on Thursday, October 23, 2003.

Thanks,

Tim

17/10-016 Lay 2

NOTE: TOUS FORM-MUSTOSESSUMISPIED 2 Document 70-23 WEEKS IN ADVANCE.



1/24/11/2	REQUEST FOR INMATE V	Federal Correctional Institution Ray Brook, NY 12977
DEPARTMENT		8-2903 DATE 25:24
NAME:	LAST FIRST	REGISTRATION NUMBER
	ROM 9-15 TO 9-16-03 /	
*I REQUEST TO WORK M (MUST BE ANNIVERSAR	Y VACATION AND RECEIVE PAY IN LIEU Y DATE).	OF TAKING THE DAYS OFF
INMATES SIGNATURE		
APPROVED BY:		APPROVED BY:
WORK SUPERVISOR		DEPARTMENT HEAD
BUSINESS OFFICE:	ea€.	
	ATE HAS BEEN EMPLOYED IN INDUSTRIE	
HAS ACCUMULATED	14 DAY(S) VACATION. VACATION CREDI	T IS PRESENTLY BEING EARNED
AT 7:16 DAY PER MO	ONTH.	
(1/2)		
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:
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TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT /
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED
		PLEASE STATE REASONS WHY IF DISAPPROVED.
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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	REQUEST FOR INMATE	VACATION	4/201
DEPARTMENT		6-19-02 DATE	18:09
NAME: LAST	first	17/10-016 REGISTRATION NUMBER	
I REQUEST VACATION FROM 7	/17/000 7/19/03 (20	lays)	4
*I REQUEST TO WORK MY VACA (MUST BE ANNIVERSARY DATE INMATES SIGNATURE	TION AND RECEIVE PAY IN LIEU). -	OF TAKING THE DAYS OFF	
APPROVED BY: WORK SUPERVISOR		APPROVED BY: DEPARTMENT HEAD	
	AS BEEN EMPLOYED IN INDUSTRI	es since 6//9 19 <u>3∞/,</u> ani it is presently being earned	
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UNIT TEAM ACTION:	APPROVED:	DISAP PLEASE STATE R DISAPPROVED.	PROVEDEASONS WHY IF
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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Filed 02/02/2007 Page 27 of 42 U.S. Department of Justice



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DEPARTMENT			DATE
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	<u> </u>		
NAME:	LAST	FIRST	REGISTRATION NUMBER
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W. Minty			
WORK SUPERVISOR	, `k		DEPARTMENT HEAD
BUSINESS OFFICE:			
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			DIT IS PRESENTLY BEING EARNED
AT 7//5 -BAY PE		VIOLITION VIOLITION CALL	
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TIMEKEEPER		ACCOUNTANT	SUPERINTENDENT
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UNIT TEAM ACTION:		APPROVED:	and the second s
			PLEASE STATE REASONS WHY II DISAPPROVED.
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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Filed 02/02/2000.S. Deger2ment43 Justice



LAYUP	REQUEST FOR INMATE VACATION	Federal Correctional Institution Ray Brook, NY 12977
fature I		12-6-02 Jeff
'DEPARTMENT HIKK	(ENN)	DATE 25:24 17/10-016
NAME: LAST	FIRST R	EGISTRATION NUMBER
I REQUEST VACATION FROM 12-2	O_TO/2-23	
*I REQUEST TO WORK MY VACATION (MUST BE ANNIVERSARY DATE) INMATES SIGNATURE	N AND RECEIVE PAY IN LIEU OF TAKIN	G THE DAYS OFF
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BUSINESS OFFICE:		,
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COMPUTED BY:	REVIEWED BY	FINAL APPROVED BY:
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SIGNATURE		

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE SUM-SPR Document 70-23 Filed 02/02/2007 Page 29 of 42 U.S. Department of Justice Federal Prison Industries, Inc. REQUEST FOR INMATE VACATION NAME: I REQUEST VACATION FROM D-10 to 10-12-*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF (MUST BE ANNIVERSARY DATE). INMATES SIGNATURE APPROVED BY: APPROVED BY: WORK SUPERVISOR **BUSINESS OFFICE:** THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6 HAS ACCUMULATED / S.C.7 PAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED AT 7.75 DAY PER MONTH. FINAL APPROVED BY: **UNIT TEAM ACTION:** APPROVED: DISAPPROVED___ PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE_____

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

NOTE: THIS FORM MUST BE STIM-SPR Document 70-23 Filed 02/02/2007U.S. Page 30 of 42 WEEKS IN ADVANCE.

UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

1.18 447	# * -		6-26-02 10:59	
DEPARTMENT	•		DATE	
	J. J. J. J.	475.50	417110-616	
NAME:	LAST	FIRST	REGISTRATION NUMBER	
I REQUEST VAC	ation from Z	то 7 6 / 194		
	IVERSARY DATE).	N AND RECEIVE PAY IN LIE	J OF TAKING THE DAYS OFF	
APPROVED BY:			APPROVED BY:	
WORK SUPERVIS	SOR	DEPARTMENT HEAD		
BUSINESS OFFIC	DE:			
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HAS ACCUMULA	ATED 0. '54 BAY(S)	VACATION. VACATION CRE	DIT IS PRESENTLY BEING EARNED	
AT 7 15 - 64	Y P ER MONTH.			
(1/2)				
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TIMEKEEPER		ACCOUNTANT	SUPERINTENDENT	
UNIT TEAM ACT	TION:	APPROVED:	DISAPPROVED	
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190006 DEPARTMENT			<u>-</u>	DATE	The second secon
		(FUN)		17110-014	
NAME:	LAST	FIRST	REGI	ISTRATION NUMBER	
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LANUA	REQUEST FOR INMATE	REQUEST FOR INMATE VACATION		
DEPARTMENT		DATE		
	ATTLE RELIED	17110-516		
NAME:	LAST FIRST	REGISTRATION NUMBER		
I REQUEST VACATION F	rom_2	PAYS		
*I REQUEST TO WORK M (MUST BE ANNIVERSAR	IY VACATION AND RECEIVE PAY IN LIEU Y DATE).	OF TAKING THE DAYS OFF		
INMATES SIGNATURE	<u>/</u>			
APPROVED BY:		APPROVED BY:		
WORK SUPERVISOR		DEPARTMENT HEAD		
BUSINESS OFFICE:	IATE HAS BEEN EMPLOYED IN INDUSTRI	ES SINCE 6/19 19-204, AND		
	35 DAY(S) VACATION. VACATION CREE			
AT 7/15 DAY PER MO				
(1/2)				
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:		
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT		
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED		
		PLEASE STATE REASONS WHY IF DISAPPROVED.		
SIGNATURE				

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.

(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Federal Bureau of Prisons	
	DATE: 6-22-01
TO: Mr. Sapko, Facto	u Manager
(Name and tig	le of officer)
Subject: State completely but briefly the problem on which you	desire assistance, and what you think should be done (Give details
the Bruse and Da	3 Alast 40 f. Diece
With Ma lession &	ages, That morran
is twice a week.	Uso of have to
allend The 6.ED. C	They everyday from
Jem to 3'em recall.	Mr. Jasko Ven
Agring you Take To	Les in Consideration.
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	Respectfully ours.
· · · · · · · · · · · · · · · · · · ·	
Name: Semme Hell	No.:/7/10-016
Work assignment: Saching Department	end Unit: SA-235L
NOTE: If you follow instructions in preparing your request, it interviewed, if necessary, in order to satisfactorily handle your r in no action being taken.	can be disposed of more promptly and intelligently. You will be equest. Your failure to specifically state your problem may resu
DISPOSITION: (Do not write in this space	e) DATE:
1/4	
	OF MOUR PR
102/01	Deglis Pack I
6/2 - 6/	2 70
	LAYUP &
	7/5/01

NOTE: THIS FORM-MUST SEES DIM TOPED 2 Document 70-23 WEEKS IN ADVANCE.



REQUEST FOR INMATE VACATION

Park JE			2-6-01
DEPARTMENT			DATE
	AN AND	Charles .	17 maria
NAME:	LAST	FIRST	REGISTRATION NUMBER
I REQUEST VACAT	TION FROM 2007	_то <u>? -5</u> \ С	day
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And Dec	<u> </u>		
INMATES SIGNATU	URE		
APPROVED BY:			APPROVED BY:
WORK SUPERVISOR	R		DEPARTMENT HEAD
BUSINESS OFFICE:			
THE ABOVE NAME	D INMATE HAS BE	EN EMPLOYED IN INDUST	TRIES SINCE 1/15 19 20 00, AND
	,		EDIT IS PRESENTLY BEING EARNED
ATDAY F	PER MONTH.	•	
(1/2) (1)			

COMPUTED BY:		REVIEWED BY:	FINAL APPROVED BY:
			The state of the s
TIMEKEEPER	<u>·</u>	ACCOUNTANT	SUPERINTENDENT
UNIT TEAM ACTIO	N:	APPROVED:	
			PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE			

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

INMATE PAYROLAS em 4 f03 mc c 000355-SANPSTB 06 10 BC Ument 70-23 ER THE C 02/02/2007 Page 35 of 42 GROUP: ft 3 CREW: PACKING FACT: FT INST: MC Grade: 5 Name: HILL, KENNY Reg-num: 17110-016 Amount Hours \$ 12.13 52:45 Date Computed 07/02/01 Standard Pay 06/19/01 Group Incentive Pay 0.00 0:00 Anniversary Date Longevity Months 0.00 0:00 Indiv. Incentive Pay Overtime Premium Pay 0.00 0:00 UNICOR Work Months Accrued Vacation Hours 0.00 0:00 003:45 Holiday Pay Prev Yrs Vacation Hours 000:00 Administrative Pay 0.58 2:30 Vacation Taken Pay 0.00 0:00 Unpaid Call-out Hours 12:15 Vacation Cashed Pay 0.00 0:00 Rework Hours Lost Time Wage 0.00 0:00 Unpaid Off-std Hours 0:00 0.00 Final Pay? Premium Pay 0.00 Longevity Pay 12.71 Gross Pay Chris/ Davis-Adjustments 0.00 Net Pay Grade Was Grade 4

Grade Tf No th

prior please set with

correct, please set him. Thanks, Tim H. P.S. can Davis chech his longe with also.

TIMENTE ENGLISCO PERSONEMI

FDATE: 07/05/U1 13:42

4 AGE :

U.S. DEPARMENT OF JUST JE

Federal Bureau of Prisons

Copy - Inmate

INMATE REQUEST TO

TO: Mr. Sapho, Factor	DATE: 6-20 Manager e of officer)
Subject: State completely but briefly the problem on which you of the Day Can. Drug Ca	
	Pespectfully ours,
Work assignment: Sechial Department NOTE: If you follow instructions in preparing your request, it, interviewed, if necessary, in order to satisfactorily handle your rein no action being taken.	No.: 17110-016 Unit: SA = 2351 can be disposed of more promptly and intelligently. You will be equest. Your failure to specifically state your problem may result
DISPOSITION: (Do not write in this space	e) DATE:
0/4) 6/22/0/	OK. Siglish Mour Product De Pack I Lay-up-2 Layup 2 1/5/01
Original - File	Officer

UNICOR

(FCI McKean) "Notice of Unsatisfactory Work Performance"

To: Hill, Kenny		_ Number: <u>17110-016</u>	Date: <u>9-22-03</u>
(Name Last,	First)		
UNICOR McKean	start date:	_ Current Grade: _4	Unit: B-A
This is to advise you	ı of your unsatisfactory wo	ork performance on:	9-22-03
	e Hill #17110-016, was late		
	to work was 5:40pm, inma	ate Hill did not return to v	ork until 5:47pm,
this making him 7 n	ninutes late.		
Supervisor's Recom	mendation:		
	1) Written Warning	YES	
	2) Grade Reduction from	n; No. of da	ıys
	3) Job Change		
	4) Removal *		
	5) Other		
Third offenses, v for "Removal," Superintendent of In Armate signature Sinal disposition:	Date	not, automatically require for "Removal" must b Staff signature	e approved by the
		Superintendent of Inc	lustries Date

UNICOR

(FCI McKEAN)

"Notice of Unsatisfactory Work Performance"

Name:	(Last, First)	Number: <u>17/10-</u>	016	Date: 9/8/03
UNICOR McK advise you of	Kean start date: f your unsatisfactory work performa	Current Grade:	Unit:	This is to
Specifically: (AHEA BOHL USCO	e of pine oil		uith a	1602
1) Wr	Recommendation:			
3) Job	ade Reduction from			
5) Oth	moval **			
	offenses, whether related acts, or recommendations for "Removal" must signature is not an admission of guilt.			
Inmaté inal disposition	Signature Date		Staff/Signature	

Employee Work History

枝

NAME:	Hilly	K	ENNY	NO	D	# 17110-616		
HIRE DATE:	06	119/	6 /	Pr	ior (JNICOR Credit Accepted: _	07	_ Months

Year <u>2002</u>

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	15	7:15		25:39	
Feb	16	7:15	14130	25:37	VAC 3/14 3/15 Error + 7/30 WM
Маг	17	7:15	7:30	25124	<u> </u>
Apr	18	7:15		32: 39	
May	19	7:15		35:54	
Jun	20	7115	29:00+7:15	10:54	VAC 8, 48 919 60 1/2
Jul	21	7:15	7115	10:54	UAC 75 L. J.
Aug	22	7:15		18:09	
Sep	23	7:15	7:15	18:09	VAC 9/16 2
Oct	24	7115	14:30	10:54	VAC 19/1 19/2 8
Nov	25	7/15		18;69	į
Dec	26	7/15	7:15+7:15	16:54	UK 1/20183

Year 2003

	# Months	Vac Earned	Vaç Used	Vac Balance	Remarks
Jan	27	18th 7/15		niis 18109	
Feb	28	7:5,7:45	7115+7115	7:15	VAC 74 75
Mar	29	71134 7165		7115+ 18:69	Ja
Apr	30	7115+ 7115	21:45	7115 3139	Vae 4/15 4/6
May	31	rilst 7ils		7115+ 10:54	
Jun	32	7115+745		7:1st 18:09	
Jul	33	7115+ 7115	14130	7:15+ 10:54	NOC 1/1 1/18
Aug	34	7:15+ 7:15		7:15+ 18:09	, , , , , , , , , , , , , , , , , , ,
Sep	35	7:15+7:15	7:30+7:15	7:15- 10:54	We 45 36
Oct	36	15th 7:15	7415	7:15/ 18:09	VA. 1953
Nov	37	7115+ 715	14130	7115- 10:59	Une 46 48
Dec	'38'	7:15+ 7:15		71157 18109	

Year 2004

Tear	# Months	Vac E	rned	Vac Used	Vac	Balance	Remarks
Jan	35	7115+	7.15	7115+716	7115+	10154	UN- 40 /21
Feb	40	7:151	730	7115	7:118+	104541	199 7/3 THE
Mar	41	7:15+	7.15		2.15+	3:54	Utc 3/2 1/24
Apr	47	7:16+	214	= ,5	7:15+	3154	VAC 4/16
May	43	785+	7/15		7:15+	11:09	
Jun	44	745t-	7315	7/15	205+	11:09	1/20 9/29
Jul	45	7:15	7:15		7:15	18:24	
Aug				7754775			VAC 43 420
Sep							
Oct							
Nov							
Dec							

. Employee Work History

Name: Hill, Kenny	No#17110-016	
Hire Date: 06/19/01	Prior UNICOR Credit Accepted: 07	_Months

Year: 2000

# Months	Vac Eamed	Varite	**************************************	
		A4C.028G	Vac Balance	Remarks
	# Months			73C Balanca

Year: 2001

	# Manths	Vac: Eamed	Vac Used	Vac Balance	
Jan					Remarks:
Feb					
Mar					
Apr					
May					
Jun	08	3:45		3:45	
Jul	9	3;45		7,30	·
Pug	10	3:38	7:15	3153	1. X
Sep	11	3/38		7/31	VAC \$/14
Oct	12	3:38		11109	
Nav	13	7:15	7,15	11109	1. 12. £
Dec	14	7:15		18124	VAC 1/26 82

GED N

age 41 ...

Chroling

06-15-2001

14:48:22

MCK2G 531.01 * PAGE 001 OF 001 * INMATE HISTORY WRK DETAIL

REG NO.:: 17110-016 NAME...: HILL, KENNY

CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME STOP DATE/TIME	
MCK MCK	ORD B A UNASSG	ORDERLY BA UNASSIGNED	04-12-2001 0001 CURRENT 04-11-2001 0001 04-12-2001 0001	
MCK	A&O	ADMISSION & ORIENTATION	04-06-2001 0845 04-11-2001 0001	
LEW	UNASSG	UNASSIGNED WORK DETAIL	04-02-2001 1905 04-06-2001 0603	
OKL	UNASSG	UNASSIGNED HOLDOVER	03-28-2001 1715 04-02-2001 0810	
THA	IND FIN PM	INDUSTRIES FINISH P.M.	5 11-06-2000 0001 03-28-2001 0800 5	i L
THA	IND FINISH	INDUSTRIES FINISH	❖ 09-22-2000 0001 11-06-2000 0001 1	ל
THA	ORD C	ORD	08-04-2000 0001 09-22-2000 0001	ŗ
THA	UNASSG	UNASSIGNED WORK DETAIL	07-06-2000 1000 08-04-2000 0001	
OKL	UNASSG	UNASSIGNED HOLDOVER	07-03-2000 1640 07-06-2000 0710	

pack I CK
C/19/01 PAION

MCK2G * INMATE DISCIPLINE DATA *
PAGE 001 OF 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 06-15-2001 14:48:07

REGISTER NO: 17110-016 NAME.: HILL, KENNY
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-15-2001